JAN-17-2011 MON 09:12 AM Severson Insurance FAX NO. 5	15 232 7451 P. 02/03
DISCLOSURE SUMMARY PAGE	DD 2
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 07/2003) DISCLOSURE
Citizens to Re-Elect Clonton for Superiusor	For Office Use Only 7391
IMPORTANT: Indicate type of committee you are reporting for:	Logged In LD
	Scanned SU
(1) State Party (4) Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Louis/Franchise Committee (7) County/City Cantral Committee	Computer
CANDIDATE COMMITTEES ONLY:	Audited
Candidate Name Clinton Political Party	2011
Office Sought District (It Senate or House)	A REE
	-
SKy Johnson 51523304	
SIGNATURE SUPER (or person filing this report) TELEPHONE	DATE SIGNED
Late filed reports are subject to possible civil and crir	ninal penalties.
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE	<u>u</u>
I AM FILING A 1-19-2011 REPORT FOR ANA (1) ELE	CTION /(2)NON-ELECTION YEAR.
(report date) Indicate one 2	
CHECK IF AMENDMENT TO REPORT DATED	.coal Committees, enter Date of Election /
	11-4-2008
and the second of the second s	County & Local Committees, enter County in
() on what counting to lie tebolts fixe a volice of Masointion is viet)	which Election is held
(You must continue to file reports until a Notice of Dissolution is filed.)	which Election is held
	Story
STATEMENT OF CASH ON HAND	Story
STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end	180.48
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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY Expenditures		
CHECK THIS BOX IF AMENDING FORM			

COMMITTE	E NAME (Must be	same as on Statement of Omanization			
Citizens to Re-Elect Clinton for Supervisor					
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursament) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED	
12/31/10	ID#	ACECU	Credit Union Fees Jonuary - December 2010	\$ 19.32	
	ID# CK#		,		
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#		<u> </u>		
ì	ID# CK#				
	ID# CK#				
	L_	NAY VIEW VIEW VIEW VIEW VIEW VIEW VIEW VIEW	SUB-TOTAL	\$ 19,32	
			TOTAL (if last page of this schedule)	\$ 19.32	

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 56.6(3)(i).)

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